

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1-15 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/6/06	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

APPLICANT INFORMATION

Legal Name: Bakersfield Association for Retarded Citizens		Organizational Unit: Department:	
Organizational DUNS: 06-669-1965		Division:	
Address: Street: 2240 South Union Ave		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Bakersfield		Prefix: Mr.	First Name: Roland
County: Kern		Middle Name: Bruno	Last Name: Burkert
State: CA	Zip Code: 93304	Suffix:	
Country: USA		Email: rburkert@rolandconsulting.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1805520		Phone Number (give area code) 661-333-8669	Fax Number (give area code) 661-834-9813
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) "O" Not for Profit Organization Other (specify)	
		9. NAME OF FEDERAL AGENCY: EDA	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-300		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: BARC Industrial Park Training Facility	
LE (Name of Program): Grants for Public Works and Economic Development			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Bakersfield, Kern County, CA			

13. PROPOSED PROJECT Start Date: 6/07 Ending Date: 2/08		14. CONGRESSIONAL DISTRICTS OF: 22nd Bill Thomas	
15. ESTIMATED FUNDING:		a. Applicant Bakersfield Association for Retarded Citizens	
a. Federal	\$ 1,000,000	b. Project Industrial Training Facility	
b. Applicant	\$ 1,200,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
c. State	\$ 0	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
d. Local	\$ 0	DATE: 7/5/06	
e. Other	\$ 625,000	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
f. Program Income	\$ 0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL	\$ 2,825,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative			
Prefix: Mr.	First Name: Jim	Middle Name:	
Last Name: Baldwin		Suffix:	
b. Title: President		c. Telephone Number (give area code): 661-834-2272	
Signature of Authorized Representative: Jim Baldwin		e. Date Signed: 7-5-06	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/01

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Pre-application <input type="checkbox"/> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/30/2006	Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: COMMUNITY ACTION MARIN, INC.		Organizational Unit: Department:		
Organizational DUNS:		Division:		
Address: Street: 29 Mary Street City: San Rafael County: Marin State: CA Zip Code: 94901		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Liz Middle Name: Last Name: Burns Suffix:		
Country:		Email: LBurns@marinchild.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6161365		Phone Number (give area code) (415) 472-1663		
		Fax Number (give area code) (415) 499-1597		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) 0. Not for Profit Organization		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: HSS-2006-ACF-OFA-FR-0130 TITLE (Name of Program):		NAME OF FEDERAL AGENCY: Administration for Children & Youth		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Marin County, California (all cities)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Promoting Responsible Fatherhood		
13. PROPOSED PROJECT Start Date: 10/1/06 Ending Date: 9/30/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 6 b. Project 6		
15. ESTIMATED FUNDING: a. Federal \$ 250,000 b. Applicant \$ 44,728 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 294,728		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 30, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: Ms First Name: Gail Last Name: Theller b. Title: EXECUTIVE DIRECTOR		Middle Name: K Suffix: c. Telephone Number (give area code) (415) 485-1489 e. Date Signed: 6/30/2006		
d. Signature of Authorized Representative <i>Gail K. Theller</i>				

APPLICATION FOR FEDERAL ASSISTANCE

Version 7

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Pre-application <input type="checkbox"/> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/05/06 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY Applicant Identifier State Application Identifier Federal Identifier																																																																							
5. APPLICANT INFORMATION <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Legal Name: City of Los Angeles Organizational DUNS: 012878018 Address: Street: 221 N. Figueroa St. 4th Floor Los Angeles, CA 90012 City: Los Angeles County: Los Angeles State: CA Zip Code: 90012 Country: U.S.A. </td> <td style="width:50%; vertical-align: top;"> Organizational Unit: Department: Transportation Division: Transit Name and telephone number of person to be contacted on matter involving this application (give area code) Prefix: (213) 580-5414 First Name: Charles Middle Name: Oscar Last Name: Hammerstein Suffix: Mr. Email: chammers@dot.lacity.org Phone Number (give area code) (213) 580-5414 Fax Number (give area code) (213) 580-5458 </td> </tr> </table>				Legal Name: City of Los Angeles Organizational DUNS: 012878018 Address: Street: 221 N. Figueroa St. 4th Floor Los Angeles, CA 90012 City: Los Angeles County: Los Angeles State: CA Zip Code: 90012 Country: U.S.A.	Organizational Unit: Department: Transportation Division: Transit Name and telephone number of person to be contacted on matter involving this application (give area code) Prefix: (213) 580-5414 First Name: Charles Middle Name: Oscar Last Name: Hammerstein Suffix: Mr. Email: chammers@dot.lacity.org Phone Number (give area code) (213) 580-5414 Fax Number (give area code) (213) 580-5458																																																																				
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 95-6000735 </div>		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)																																																																							
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Transit Administration (FTA)																																																																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 5309 - Domestic Assistance Number is not applicable		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: South San Fernando Valley (SFV) Regional Park and Ride Expansion																																																																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Los Angeles, County of Los Angeles, within the State of California		13. PROPOSED PROJECT Start Date: 9/30/2006 Ending Date: 9/30/2007																																																																							
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 34 b. Project 28		15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		a. Federal	\$									b. Applicant	\$									c. State	\$									d. Local	\$									e. Other	\$									f. Program Income	\$									g. TOTAL	\$								
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g. TOTAL	\$																																																																								
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/30/06 b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																																																																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																																																									
a. Authorized Representative <table style="width:100%;"> <tr> <td style="width:20%;">Prefix Mr.</td> <td style="width:20%;">First Name Charles</td> <td style="width:20%;">Middle Name Oscar</td> <td style="width:20%;">Last Name Hammerstein</td> <td style="width:20%;">Suffix None</td> </tr> </table>				Prefix Mr.	First Name Charles	Middle Name Oscar	Last Name Hammerstein	Suffix None																																																																	
Prefix Mr.	First Name Charles	Middle Name Oscar	Last Name Hammerstein	Suffix None																																																																					
b. Title Transportation Planning Associate II																																																																									
d. Signature of Authorized Representative 																																																																									
c. Telephone Number (give area code) (213) 580-5414 e. Date Signed 7/05/06																																																																									

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Standard Form 424 (Rev.9-200)
Prescribed by OMB Circular A-1

REVISED**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Nonconstruction <input checked="" type="checkbox"/> Nonconstruction		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier LS 96934701
6. D U N S Number: 808321913		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): James Giannopoulos (916) 341-5680	
8. Type of Application: New _____ Revision <input checked="" type="checkbox"/> Continuation _____ If Revision, enter appropriate letter(s): <u>A</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.805 Title: Leaking Underground Storage Tank Trust Fund		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project: Continue to develop and implement effective regulatory programs for the prevention, detection, and correction of releases from leaking UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA)	
13. Proposed Project: Start Date 07/01/05 End Date 06/30/08		Subtitle I.	
15. ESTIMATED FUNDING: a. Federal \$3,333,197 b. Applicant \$0 c. State \$370,325 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$3,703,522		14. Congressional District of: Applicant: 3 Project: California - All	
		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: July 5, 2006 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 12, 2006	3. DATE RECEIVED BY STATE	Applicant Identifier R-9 Tracking No. 04-308 & 06-117	
5. APPLICANT INFORMATION Legal Name: CITY OF HESPERIA				4. DATE RECEIVED BY FEDERAL AGENCY			
Organizational DUNS: 19-697-4638				Organizational Unit: Department: DEVELOPMENT SERVICES			
Address: Street: 15766 MAIN STREET				Division: ENGINEERING			
City: HESPERIA				Name and telephone number of person to be contacted on matters involving this application (give area code)			
County: SAN BERNARDINO				Prefix: MR. First Name: DAVID			
State: CALIFORNIA Zip Code: 92345				Middle Name: R.			
Country: UNITED STATES OF AMERICA				Last Name: BURKETT			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0298660				Suffix: N/A			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)				7. TYPE OF APPLICANT: (See back of form for Application Types) C. MUNICIPAL Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE (Name of Program): APPROPRIATIONS ACT OF 2003 / CONS. APPROPRIATIONS ACT OF 2005				9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY (EPA)			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF HESPERIA				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WATERLINE REPLACEMENT PROJECT - SPRUCE STREET AND SMOKETREE STREET			
13. PROPOSED PROJECT Start Date: JULY 2006 Ending Date: NOVEMBER 2007				14. CONGRESSIONAL DISTRICTS OF: a. Applicant 41 b. Project 41			
15. ESTIMATED FUNDING: a. Federal \$ 327,300 b. Applicant \$ 352,700 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 680,000				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 6, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Authorized Representative Prefix MR. First Name MICHAEL Middle Name P. Last Name PODEGRACZ Suffix N/A				c. Telephone Number (give area code) (760) 947-1018			
b. Title CITY MANAGER				e. Date Signed 4-12-06			
d. Signature of Authorized Representative							

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 28, 2006		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier RTIP LA0D270	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier CA-03-570	
Legal Name: L. A. County Department of Public Works			Organizational Unit: Department: Department of Public Works		
Organizational OUNS: 136735755			Division: Programs Development Division		
Address: Street: 900 S. Fremont Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Alhambra			Prefix: Mr.		First Name: Renato
County: USA			Middle Name P.		RECEIVED JUL 06 2006
State: CA			Last Name Reyes		
Zip Code 91803			Suffix:		STATE CLEARING HOUSE
Country:			Email: Renreyes@ladpw.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000927			Phone Number (give area code) (626) 458-3932		Fax Number (give area code) (626) 979-5359
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) B, County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 20-500			9. NAME OF FEDERAL AGENCY: Federal Transit Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated South Whittier - Los Angeles County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of 2 buses for the South Whittier Area Shuttle Service E2004-BUSP-084		
13. PROPOSED PROJECT Start Date: June 30, 2005 Ending Date: September 30, 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Districts 20, 22, & 39 b. Project District 20		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 388,350			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant \$ 144,394			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$					
g. TOTAL \$ 532,744					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.		First Name Sharl		Middle Name	
Last Name Afshari				Suffix	
b. Title Assistant Deputy Director				c. Telephone Number (give area code) (626) 458-3900	
d. Signature of Authorized Representative <i>[Signature]</i>				e. Date Signed 6/28/06	

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Prescribed by OMB Circular A-102DIA
6/27/06

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/24/06	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 06SC064736	4. DATE RECEIVED: 04/28/06	GRANT NUMBER:														
5. APPLICATION INFORMATION																
LEGAL NAME: Mills-Peninsula Senior Focus DUNS NUMBER: 947718003	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Donna Campi TELEPHONE NUMBER: (650) 696-7662 FAX NUMBER: (650) 696-3633 INTERNET E-MAIL ADDRESS: campid@sutterhealth.org															
ADDRESS (give street address, city, state and zip code): 1720 El Camino Real, Suite 10 Burlingame CA 94010 - 3225																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942663918	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>RECEIVED</p> <p>JUL 06 2006</p> <p>STATE CLEARING HOUSE</p> </div>															
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service																
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016 10b. TITLE: Senior Companion Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Mateo County SCP															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): San Mateo County																
13. PROPOSED PROJECT: START DATE: 07/01/06 END DATE: 06/30/09	14. PERFORMANCE PERIOD: START DATE: END DATE:															
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 06-JUL-06															
<table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 0.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 63,704.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 63,704.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 63,704.00</td> </tr> </table>	a. FEDERAL	\$ 0.00	b. APPLICANT	\$ 63,704.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 63,704.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 63,704.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 0.00															
b. APPLICANT	\$ 63,704.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 0.00															
e. OTHER	\$ 63,704.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 63,704.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Maureca Dunn	b. TITLE: Executive Director	c. TELEPHONE NUMBER: (650) 696-3643														
		d. DATE: 04/28/06														

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/28/06	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 06SF064735	4. DATE RECEIVED: 04/28/06	GRANT NUMBER:														
5. APPLICATION INFORMATION																
LEGAL NAME: Mills-Peninsula Senior Focus DUNS NUMBER: 947718003		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give org codes): NAME: Donna Campi TELEPHONE NUMBER: (650) 696-7662 FAX NUMBER: (650) 696-3633 INTERNET E-MAIL ADDRESS: campid@sutterhealth.org														
ADDRESS (give street address, city, state and zip code): 1720 El Camino Real, Suite 10 Burlingame CA 94010 - 3225																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942663918		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service														
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Mateo County FGP														
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): San Mateo County, California																
13. PROPOSED PROJECT: START DATE: 07/01/06 END DATE: 06/30/09		14. PERFORMANCE PERIOD: START DATE: END DATE:														
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 06-JUL-06														
<table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 57,579.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 59,670.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 59,670.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 117,249.00</td> </tr> </table>		a. FEDERAL	\$ 57,579.00	b. APPLICANT	\$ 59,670.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 59,670.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 117,249.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
a. FEDERAL	\$ 57,579.00															
b. APPLICANT	\$ 59,670.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 0.00															
e. OTHER	\$ 59,670.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 117,249.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Maureen Dunn	b. TITLE: Executive Director	c. TELEPHONE NUMBER: (650) 696-3643														
		d. DATE: 04/28/06														

RECEIVED

JUL 06 2006

STATE CLEARING HOUSE

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Project ID:	CA-03-0733
Budget Number:	1 - Budget Pending Approval
Project Information:	South SFV Regional Park & Ride Expansion

Part 1: Recipient Information

Project Number:	CA-03-0733
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Address:	221 N. Figueroa Street SUITE 400, LOS ANGELES, CA 90012 0000
Telephone:	(213) 580-5414
Facsimile:	(213) 580-5458

Union Information

Recipient ID:	1644
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 W. 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	(213) 251-4575
Facsimile:	(213) 251-4577
E-mail:	tedhunt@lappl.org
Website:	



Recipient ID:	1644
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue. N.W.
Address 2:	

City:	Washington, DC 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8106
E-mail:	mbutler@teamster.org
Website:	

Recipient ID:	1644
Union Name:	TRANSPORTATION-COMMUNICATIONS INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4911
Facsimile:	(301) 330-7662
E-mail:	scardelltir@tcunion.org
Website:	

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Cara McGinty
Telephone:	(216) 228-9400
Facsimile:	(216) 228-0937
E-mail:	c_mcgint@utu.org
Website:	

Recipient ID:	1644
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. NW
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	Leo E. Wetzel
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	Email: dispatch@atu.org
Website:	None

--	--

Recipient ID:	1644
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	1100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754
Contact Name:	John Stripes
Telephone:	(323) 261-3010
Facsimile:	(323) 261-1580
E-mail:	jstipes@ppoa.com
Website:	

Recipient ID:	1644
Union Name:	SEIU
Address 1:	1313 L Street, NW
Address 2:	
City:	Washington, DC 02005
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3402
E-mail:	sterna@seiu.org
Website:	

Recipient ID:	1644
Union Name:	ALADS
Address 1:	828 W. Washington Blvd.
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Roy Burns
Telephone:	(213) 749-1020
Facsimile:	(213) 747-2705
E-mail:	rburns@alads.org
Website:	

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 4250
Contact Name:	Roy Arnold
Telephone:	(216) 228-9400

Facsimile:	(216) 228-0937
E-mail:	Bus@utu.org
Website:	

Part 2: Project Information

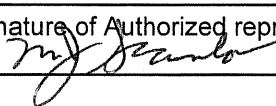
Project Type:	Grant	Gross Project Cost:	\$1,441,262
Project Number:	CA-03-0733	Adjustment Amt:	\$0
Project Description:	South SFV Regional Park & Ride Expansion	Total Eligible Cost:	\$1,441,262
Recipient Type:	City	Total FTA Amt:	\$291,262
FTA Project Mgr:	John Ottomanelli, 213.202.3957	Total State Amt:	\$0
Recipient Contact:	Chuck Hammerstein, 213.580.5414	Total Local Amt:	\$1,150,000
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309-3	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Sep. 30, 2006 - Sep. 30, 2007	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Jun. 07, 2006		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

**Application for
Federal Assistance**

1. Type of Submission Application		2. Date Submitted 30-Jun-06	3. Applicant Identifier
Application <input checked="" type="checkbox"/> Constuction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Non-Constuction <input type="checkbox"/> Construction		3. Date received State	State Application Identifier
		4. Date received by Federal Agency:	Federal Identifier
5. Applicant Information			
6. Legal Name: Peninsula Corridor Joint Powers Board			
Address (give city, county, state, and zip) 1250 San Carlos Avenue San Carlos, San Mateo County, CA 94070		Name and telephone of contact person (give area code) Joel Slavit, (650) 508-6476	
6. Employer Identification Number (EIN): 9 4 3152903		7. Type of Applicant (enter appropriate letter in box) G	
8. Type of Application <input checked="" type="checkbox"/> new <input type="checkbox"/> continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in boxes: <input type="checkbox"/> <input type="checkbox"/> A. Increased Award B. Decreased Award C. Increase Duration D. Decrease Duration Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Insitution M. Other: MPO	
10. Catalog of federal domestic assistance number: 20507 Section 5307 Program		9. Name of federal Agency: Federal Transit Administration	
12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties		11. Descriptive title of applicant project: FY06 Capital Improvements and Operating Assistance: San Francisco Bicycle Storage Facility (TEA) Palo Alto ADA Crossing Systemwide Track Rehabilitation Overhaul Locomotive Signal/Communication Rehabilitation Other Scope: Operating Assistance (CMAQ)	
13. Proposed Project Start Date: 8/25/2004 End Date: 9/28/2010			
15. Estimated Funding			
a. Federal	\$2,305,921	14. Congressional Districts of:	
b. Applicant	RECEIVED	a. Applicant	
c. State		B. Project	
d. Local	JUL 07 2006 \$552,393	8, 12, 13, 14, 15 & 16	
f. Program Income			
e. Other		16. Is application subject to review by state executive 12372 process? Yes	
g. TOTAL	STATE CLEARING HOUSE \$2,858,314	a. Yes this preapplication/application was made available to the state executive order 12372 process review on Date:	
17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> Yes.(attach an explanation) <input checked="" type="checkbox"/> No.		b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review	
18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.			
a. Typed Name of Authorized Representative Michael J. Scanlon		b. Title Executive Director	c. Telephone Number: (650) 508-6221
d. Signature of Authorized representative 		e. Date Signed 7/6/06	

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Oakland Housing Authority

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED

JUL 07 2006

8. APPLICANT INFORMATION:

* a. Legal Name: Housing Authority of the City of Oakland, California

STATE CLEARING HOUSE

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6000758

* c. Organizational DUNS:

038522343

d. Address:

* Street1:

1619 Harrison Street

Street2:

* City:

Oakland

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94612

e. Organizational Unit:

Department Name:

Development

Division Name:

Not Applicable

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Bridget

Middle Name:

* Last Name:

Galka

Suffix:

Title: HOPE VI Program Manager

Organizational Affiliation:

Oakland Housing Authority

* Telephone Number:

510-587-2142

Fax Number:

510-587-2145

* Email:

bgalka@oakha.org

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

L: Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.866

CFDA Title:

Demolition and Revitalization of Severely Distressed Public Housing

* 12. Funding Opportunity Number:

FR-5053-N-01

* Title:

Revitalization of Severely Distressed Public Housing HOPE VI Revitalization Grant Program

13. Competition Identification Number:

HOPE6-REV

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Oakland, County of Alameda, State of California

* 15. Descriptive Title of Applicant's Project:

HOPE VI Revitalization of Tassafaronga Village - an eighty seven unit public housing development in East Oakland, California

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant Ninth

* b. Program/Project Ninth

Attach an additional list of Program/Project Congressional Districts if needed.

 Add Attachment

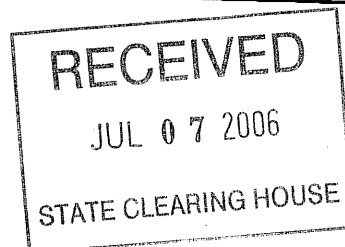
17. Proposed Project:

* a. Start Date: 09/15/2006

* b. End Date: 12/30/2009

18. Estimated Funding (\$):

* a. Federal	15,253,665.00
* b. Applicant	3,500,000.00
* c. State	9,427,586.00
* d. Local	4,000,000.00
* e. Other	20,450,721.00
* f. Program Income	0.00
* g. TOTAL	52,631,972.00



* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/07/2006.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Jon

Middle Name:

* Last Name: Gresley

Suffix:

* Title: Executive Director

* Telephone Number: 510-847-1500 Fax Number: 510-874-1674

* Email: jgresley@oakha.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 19, 2006		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Sacramento Financial Conferences, Inc. dba Golden Capital Network			Organizational Unit: Department: Administration		
Organizational DUNS: 027500011			Division:		
Address: Street: 120 W. Second Street, Suite 4			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Chico			Prefix: Mr.		First Name: Jon
County: Butte			Middle Name Carl		
State: CA			Last Name Gregory		
Zip Code 95928			Suffix:		
Country: United States of American			Email: jon@goldencapital.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3138048			Phone Number (give area code) 530-893-8828		Fax Number (give area code) 530-893-8927
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not For Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 11 - 307			9. NAME OF FEDERAL AGENCY: Economic Development Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): See Attached			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Hub and Spokes" multi-regional equity financing system strategically linked with business assistance services and deal flow generating activities.		
13. PROPOSED PROJECT Start Date: 9/01/2006 Ending Date: 8/31/2008			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2 b. Project See Attached		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	500,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	100,000.00	DATE:		
c. State	\$	250,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	400,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		Yes: If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	1,250,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Jon		Middle Name Carl	
Last Name Gregory				Suffix	
b. Title President & CEO				c. Telephone Number (give area code) 530-893-8828	
d. Signature of Authorized Representative				e. Date Signed June 19, 2006	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**Application for
Federal Assistance**

1. Type of Submission Application Application <input checked="" type="checkbox"/> Constuction <input type="checkbox"/> Preaplication <input checked="" type="checkbox"/> Non-Constuction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. Date Submitted 20-Jun-06	3. Applicant Identifier State Application Identifier Federal Identifier																
5. Applicant Information 6. Legal Name: Peninsula Corridor Joint Powers Board																			
Address (give city, county, state, and zip) 1250 San Carlos Avenue San Carlos, San Mateo County, CA 94070		Name and telephone of contact person (give area code) Joel Slavit, (650) 508-6476																	
6. Employer Identification Number (EIN): 9 4 3152903		7. Type of Applicant (enter appropriate letter in box) G <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District </div> <div style="width: 48%;"> H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Insitution M. Other: MPO </div> </div>																	
8. Type of Application <input checked="" type="checkbox"/> new <input type="checkbox"/> continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in boxes: <input type="checkbox"/> <input type="checkbox"/> A. Increased Award B. Decreased Award C. Increase Duration D. Decrease Duration Other (specify):		9. Name of federal Agency: Federal Transit Administration																	
10. Catalog of federal domestic assistance number: 20.500 Section 5309 Capital Program		11. Descriptive title of applicant project: FY 06 Capital Improvements: Systemwide Track Rehabilitation, Replace Vintage Rail Cars, Signal/Communication Rehabilitation, Install Crossovers & Control Points, Caltrain Safety Improvement Program, Central Control Facility Improvements, Diridon Station Improvements, Installation of Fixed Fueling Facility, North/South Terminal Track Upgrades, SSF Station Relocation & Track Improvements																	
12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties		13. Proposed Project Start Date: 2/3/2005 End Date: 6/30/2010																	
15. Estimated Funding <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">a. Federal</td> <td style="width:40%; text-align: right;">\$19,800,052</td> </tr> <tr> <td>b. Applicant</td> <td></td> </tr> <tr> <td>c. State</td> <td></td> </tr> <tr> <td>d. Local</td> <td style="text-align: right;">\$4,950,014</td> </tr> <tr> <td>f. Program Income</td> <td></td> </tr> <tr> <td>e. Other</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$24,750,066</td> </tr> </table>		a. Federal	\$19,800,052	b. Applicant		c. State		d. Local	\$4,950,014	f. Program Income		e. Other		g. TOTAL	\$24,750,066	14. Congressional Districts of: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">a. Applicant 8, 12, 13, 14, 15 & 16</td> <td style="width:40%;">B. Project 8, 12, 13, 14, 15 & 16</td> </tr> </table>		a. Applicant 8, 12, 13, 14, 15 & 16	B. Project 8, 12, 13, 14, 15 & 16
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17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> Yes.(attach an explanation) <input checked="" type="checkbox"/> No.		16. Is application subject to review by state executive 12372 process? Yes a. Yes this preapplication/application was made available to the state executive order 12372 process review on Date: b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review																	
18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.																			
a. Typed Name of Authorized Representative Michael J. Scanlon		b. Title Executive Director																	
c. Telephone Number: (650) 508-6221		e. Date Signed 7/11/06																	
d. Signature of Authorized representative 																			

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JUL 13 2006
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